**FORM D** 

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Expires: April 30, 2008

Washington, D.C. 20549

FORM D

William Securities and Expires: April 30, 2008

Washington, D.C. 20549

FORM D

3235-0076 OMB Number:

**FORM D** 

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION 9. **SECTION 4(6). AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix Serial					
DATE RECEIVED					

	amendment and name has changed, and indicate change.)	
Convertible Notes Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 Section	n 4(6) ULOE
	Amendment	114(0) [] OLOE
Type of Filing: ⊠ New Filing □	A. BASIC IDENTIFICATION DATA	
Enter the information requested about the		
	endment and name has changed, and indicate change.)	
<b>BRIDGE SEMICONDUCTOR</b>	CORPORATION	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Te ephone Number (Including Area Code)
10 Duff Road, Suite 501	Pittsburgh, PA 15235	(412) 242-4437
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Te ephone Number (Including Area Code)
Brief Description of Business		
Type of Business Organization  Corporation	lectronic components  limited partnership, already formed	Other ( 08046381
business trust	limited partnership, to be formed	
GENERAL INSTRUCTIONS Federal:	(Enter two-letter U.S. Postal Sevice abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)      of securities in reliance on an exemption under Regulation	PA
	than 15 days after the first sale of securities in the offering. A the date it is received by the SEC at the address given below of ates registered or certified mail to that address.	
Where to File: U.S. Securities and Exchange C	Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice photocopies of the manually signed copy or beautiful c	te must be filed with the SEC, one of which must be manually at typed or printed signatures.	y sig red. Any copies not manually signed must be
	ntain all information requested. Amendments need only report d any material changes from the information previously supplied	
Filing Fee: There is no federal filing fee.		
and that have adopted this form. Issuers relying have been made. If a state requires the payment	in the Uniform Limited Offering Exemption (ULOE) for sales of any on ULOE must file a separate notice with the Securities Act of a fee as a precondition to the claim for the exemption, a featates in accordance with state law. The Appendix to the notates in accordance with state law.	dministrator in each state where sales are to be, or see in the proper amount shall accompany this form, otice constitutes a part of this notice and must be
Failure to file notice in the appropria	te states will not result in a loss of the federal ex	xemption. Conversely, failure to file the
	sult in a loss of an available state exemption unle	

A. BASIC IDENTIFICATION DATA					
2. Enter the information requested for the following:					
<ul> <li>Each promotor of the issuer, if the issuer has been organized within the past five years;</li> </ul>					
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10 issuer;</li> </ul>	% or more of	a class of eq	uity securities of the		
Each executive officer and director of corporate issuers and of corporate general and managing pa	rtners of parti	nership issue	rs; and		
Each general and managing partner of partnership issuers.					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	⊠ Direc		General and/or Managing Partner		
Full Name (Last name first, if individual)					
Ziff, Joshua					
Business or Residence Address (Number and Street, City, State, Zip Code)	<del></del>	,			
10 Duff Road, Suite 501, Pittsburgh, PA 15235					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Direc		General and/or Managing Partner		
Full Name (Last name first, if individual)					
Cohen, Carl			· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address (Number and Street, City, State, Zip Code)					
10 Duff Road, Suite 501, Pittsburgh, PA 15235		<del></del>			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Direc		General and/or Managing Partner		
Full Name (Last name first, if individual)					
Witmer, Thomas					
Business or Residence Address (Number and Street, City, State, Zip Code)					
10 Duff Road, Suite 501, Pittsburgh, PA 15235					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Direc		General and/or Managing Partner		
Full Name (Last name first, if individual)					
Perkins, Donald					
Business or Residence Address (Number and Street, City, State, Zip Code)			<del></del> ·		
10 Duff Road, Suite 501, Pittsburgh, PA 15235					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	⊠ Direct		General and/or Managing Partner		
Full Name (Last name first, if individual)					
Forgash, Michael					
Business or Residence Address (Number and Street, City, State, Zip Code)	<del></del>		· · · · · · · · · · · · · · · · · · ·		
10 Duff Road, Suite 501, Pittsburgh, PA 15235					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Direct	tor T	General and/or		
	Z Direct		Managing Partner		
Full Name (Last name first, if individual)					
Mattes, Donald					
Business or Residence Address (Number and Street, City, State, Zip Code)					
10 Duff Road, Suite 501, Pittsburgh, PA 15235					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Direct	_	General and/or Managing Partner		
Full Name (Last name first, if individual)					
Gevaudan, Raymond					
Business or Residence Address (Number and Street, City, State, Zip Code)					
0 Duff Road, Suite 501, Pittsburgh, PA 15235					
· · · · · · · · · · · · · · · · · · ·					

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
<ul> <li>Each promotor of the issuer, if the issuer has been organized within the past five years;</li> </ul>		
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% issuer;</li> </ul>	f or more of a cla	ass of equity securities of the
Each executive officer and director of corporate issuers and of corporate general and managing part	t ners of partners!	nip issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		<u> </u>
Richards, Julian		
Business or Residence Address (Number and Street, City, State, Zip Code)		
10 Duff Road, Suite 501, Pittsburgh, PA 15235		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
SEA Venture Capital Fund - Bridge, L.P.  Business or Residence Address (Number and Street, City, State, Zip Code)		
20 Stanwix Street, Suit 650, Pittsburgh, PA 15222-4801		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
		Managing Partner
Full Name (Last name first, if individual)		
SEA Venture Capital Fund - Bridge Two, L.P.		· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and Street, City, State, Zip Code)		
20 Stanwix Street, Suit 650, Pittsburgh, PA 15222-4801	-	<u> </u>
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
SEA Venture Capital Fund - Bridge Series C, L.P.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
20 Stanwix Street, Suit 650, Pittsburgh, PA 15222-4801		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
SEA Venture Capital Fund - Bridge Series D, L.P.		
Business or Residence Address (Number and Street, City, State, Zip Code)		······································
20 Stanwix Street, Suit 650, Pittsburgh, PA 15222-4801		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Zon Capital Partners		
Business or Residence Address (Number and Street, City, State, Zip Code)		
5 Vaughn Drive, Suite 302, Princeton, NJ 08540		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		· <del> · · · · · · · · · · · · · · · · </del>
Innovation Works, Inc.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
2000 Technology Drive, Suite 250, Pittsburgh, PA 15219		

	A DACIGIDENTI	ELGATION DATE		
2. Enter the information requested for the following	A. BASIC IDENTI	FICATION DATA		
Each promotor of the issuer, if the issuer has	•	he nact five years:		
Each beneficial owner having the power to v	=		W or more of a clas	s of county socurities of the
issuer;	-	•		
Each executive officer and director of corpor	ate issuers and of corpor	rate general and managing pa	rtners of partnership	p issuers; and
<ul> <li>Each general and managing partner of partner</li> </ul>	rship issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Skolnick, Kenneth	· · · · · · · · · · · · · · · · · · ·	1.		<del></del>
	treet, City, State, Zip Co	ode)		
119 Rock Haven Lane, Pittsburgh, P.				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Keith and Jane Kirkland Family Lim	ited Partnership			
Business or Residence Address (Number and	Street, City, State, Zip	Code)		
434 Maple Lane, Sewickley, PA 1514.	3			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	· .= ·		<del></del>	
Kirkland, Keith and Jane				
Business or Residence Address (Number and S	treet, City, State, Zip Co	ode)		
434 Maple Lane, Sewickley, PA 1514				
Check Box(es) that Apply: Promoter		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Bennett, Tilden				
	treet, City, State, Zip Co	ode)	<u> </u>	
200 Glen Abbey Ct., Presto, PA 1514				
	Beneficial Owner	Executive Officer	Diseases	Compand and do
	g Deficited Owner		Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Mercier, Patrick				
Business or Residence Address (Number and S	treet, City, State, Zip Co	ode)		<u></u>
206 Summit Circle, Gibsonia, PA 150	44			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		<del> </del>		
Pittsburgh Gateways Corporation				
	treet, City, State, Zip Co	ode)		
4514 Plummer Street, Pittsburgh, PA		•		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	· ···			
Business or Residence Address (Number and S	treet, City, State, Zip Co	de)		

B. INFORMATION ABOUT OFFERING					
	Yes No				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	🗆 🛛				
Answer also in Appendix, Column 2, if filing under ULOE.					
2. What is the minimum investment that will be accepted from any individual?					
2. Describe official manufacture and article of a circle main	Yes No				
<ul><li>3. Does the offering permit joint ownership of a single unit?</li><li>4. Enter the information requested for each person who has been or will be paid or given, directly or it directly, any commission</li></ul>					
similar remuneration for solicitation of purchasers in connection with sales of securities in the offerir g. If a person to be listed an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth information for that broker or dealer only.	d is the				
Full Name (Last Name first, if individual)					
N/A					
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·				
business of Residence Address (Number and Street, City, State, 21p Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	· · · · · · · · · · · · · · · · · · ·				
(Check "All States" or check individual States)	All States				
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI	<del></del>				
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR					
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [VV] [WI] [WY					
Full Name (Last Name first, if individual)					
N/A Business or Residence Address (Number and Street, City, State, Zip Code)					
business of Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer	<del></del>				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States)	All States				
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI					
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR					
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY					
Full Name (Last Name first, if individual)	<del>, , ,</del>				
N/A	<del></del>				
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	<del></del>				
(Check "All States" or check individual States)	All States				
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI					
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR					
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY					

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E O	F PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt Convertible Notes	\$_	1,922,000	\$_	1,102,000
	Equity	\$	0	\$	0
	Common Preferred			-	
	Convertible Securities (including warrants)	\$_	0	\$_	0
	Partnership Interests	\$_	0	\$_	0
	Other (Specify)	\$_	0	\$_	0
	Total	\$_	1,922,000	\$_	1,102,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	8	<b>S</b> _	1,102,000
	Non-accredited Investors	_	0	\$_	0
	Total (for filings under Rule 504 only)	_	0	\$_	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		There of		D.II. A
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504	_	N/A	\$	N/A
	Total		N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	-		_	
	Transfer Agent's Fees.			<b>s</b> _	0
	Printing and Engraving Costs	•••		\$_	0
	Legal Fees		🛛	<b>s</b> _	15,000
	Accounting Fees	··· ···		\$_	0
	Engineering Fees	· • • • • • • • • • • • • • • • • • • •		\$_	0
	Sales Commissions (specify finders' fees separately)			\$_	0
	Other Expenses (identify)			s_	00
	Total		🛛	S	15,000

i v	C OFFERING PRICE;	NUMBER OF INVESTORS, EXPENSES	AND USE	OF PROCEED	Selection	
	b Enter the difference between the aggregation I and total expenses furnished in resp "adjusted gross proceeds to the issuer."	onse to Part C - Question 4 a. This difference	is the		S	1,907,000
5.	Indicate below the amount of the adjusted gros for each of the purposes shown. If the amount is check the box to the left of the estimate. The gross proceeds to the issuer set forth in response	for any purpose is not known, furnish an estim total of the payments listed must equal the a	ate and			
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees		□ s_		_ 🗆 s_	0
	Purchase of real estate		□ s_	0	_ 🗆 s_	0
	Purchase, rental or leasing and installation of	of machinery and equipment	_ s	0	_ 🗆 s_	0
	Construction or leasing of plant buildings ar	nd facilities	□ <b>\$</b> _	0	_ 🗆 s_	0
	that may be used in exchange for the assets	he value of securities involved in this offering or securities of another issuer pursuant to a	□ \$	0	□ s	0
					_ □ - □ s	
	Working capital		□ \$_ □ \$			1,907,000
	·				 	
	Other (specify).		- LJ 9 <u>-</u> -			0
			_	0	□ s	<del>-</del>
						1,907,000
			LJ 3_			
	Total Payments Listed (column totals added	)		· 🛭 \$ <u>1,90</u>	7,000	
(n) :		D. FEDERAL SIGNATURE	vinateljajela			
sig	e issuer has duly caused this notice to be signe nature constitutes an undertaking by the issuer primation furnished by the issuer to any non-accr	to furnish to the U.S. Securities and Exchar	ge Comn	nission, upon wri	ler Rule 5 tten reque	605, the followingst of its staff, if
]59	uer (Print or Type)	Signature		Date		è
	RIDGE SEMICONDUCTOR ORPORATION	John 29		۲	1/16/0	78
N	me of Signer (Print or Type)	Title of Signer (Print or Type)			,	
	By: Joshua Ziff	President and Chief Executive Of	icer			

		E STATE SIGNATURE				
ı	Is any party described in 17 CFR 230.262 presently sub	oject to any of the disqualification provisions of suc ppendix, Column, for state response	Yes No			
2	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239 500) at such times as required by law.					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written requert, information furnished by the issuer to offerees.					
4	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied					
	issuer has read this notification and knows the contents authorized person.	to be true and has duly caused this notice to be s	igned on its behalf by the undersigned			
	er (Print or Type) LIDGE SEMICONDUCTOR CORPORATION	Signature Schur gill	Date 4/16/08			
Nam	e of Signer (Print or Type)	Title (Print or Type)				
	By: Joshua Ziff	President and Chief Executive Officer				



Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.